



Dear Friends,

"A major factor in the health-care industry's lack of progress is its carefully guarded system of self-policing, an honor system that even insiders say is ineffective. At its roots is what doctors and researchers describe as a culture built around blame, in which medical professionals face intense pressure to deny or rationalize failure, lest they be ruined. And little is being done to change that culture."

Andrea Gerlin, *Philadelphia Inquirer*,  
September 15, 1999, "Curing a culture of its denial"

Although the passage above was not written in direct reference to the recovered memory problem,<sup>11</sup> it is certainly applicable. With some notable exceptions, such as the comments by Morton Rapp, M.D. on page 5 of this issue, most professionals have been silent on the recovered memory controversy, thereby allowing a few vociferous individuals and organizations to represent the field by denying or rationalizing the problems associated with recovered memories.

While the wall of denial and the rationalization of treatment failure remain intensely frustrating for all involved with FMS, the *Inquirer* passage provides perspective. It reminds us that the FMS experience is but a part of the larger culture of medicine. Consumers and professionals with other concerns have also felt their progress hindered because of a culture of denial and a failure to speak out.

If we look specifically at issues of memory, moreover, we see that the wall has essentially fallen. We see this change in new professional and popular books and in the culture at large in which the constructive and malleable nature of memory are now routinely explained. We see it in the memory malpractice cases in which experts for the defense often sound like experts for the plaintiffs on the subject of memory processes. In terms of the Foundation's educational goals, this change is enormously satisfying.

We have long suspected that the silent majority of psychiatrists are actually concerned about the problems associated with recovered memory therapy because of the many supportive letters from professionals we have received over the years. Indeed, a recent survey of Massachusetts-regis-

tered psychiatrists seems to bear this out: of those who returned the survey, 69% endorsed the following statement: "The numbers of false accusations of childhood sexual abuse appearing to emerge from the psychotherapy of adults, constitute a real problem needing public acknowledgment as such by the mental health professions."<sup>12</sup> If a majority expresses these sentiments only in the anonymity of a survey, how powerful must the pressure be in the field not to speak out about perceived problems!

The silence of the majority, however, simply gives louder voice to those who deny and rationalize the problems. Silence has allowed the vociferous minority to argue misleadingly that the false memory problem is unimportant because only a small number of people have been affected. But harming one person is just as wrong as harming ten persons. The ethical code is clear: Do no harm.

The loud minority rationalizes inaction by painting the FMS Foundation or its advisors in a negative light through ad hominem attacks. For example, Allen Feld (page 4) returns to comments from former president of the American Psychiatric Association, Paul Fink, M.D., who calls the foundation a "foe" of psychotherapy in spite of the fact that support for psychotherapy has been expressed many times in this newsletter. (See also comments of Harold Lief, MD in this issue.)

Another recent example of an ad hominem attack can be found in the program for the upcoming conference of the International Society for the Study of Dissociation (ISSD formerly ISSMP&D) in which Ross Cheit describes his presentation about "A recent criticism by FMSF operative,<sup>13</sup> August Piper..." (emphasis added) Is "operative" appropriate scholarly language to describe someone who challenges

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one's views? Is it appropriate for inclusion in the program of a "scholarly" conference? Personal attacks are not relevant to the validity or invalidity of arguments about recovered memory therapy. Further, the tactic of ad hominem attack betrays the critics' inability to argue the hard facts.

The silent majority is demeaned by the minority in the rationalization used by the defense in many malpractice cases such as the Hess trial reported in this issue. "The accused psychiatrist was only doing what other therapists were doing at the time," they claim. In the Hess trial, some of the most highly credentialed recovered memory supporters in the country testified, but the jury did not buy their arguments and awarded \$862,000 to the plaintiffs. The plaintiffs' lawyers, William Smoler and Pamela Smeltzer, pointed out that standards for medical care have been in place for years with respect to differential diagnoses, the need for informed consent, and proper procedures to follow when patients fail to improve. They also told the jury that knowledge of the dangers of confabulation with the use of hypnosis and skepticism about the MPD diagnosis existed well before the current controversy.

Silence confers consent. That is a lesson from our history books and it is a lesson relearned from the recovered memory controversies.

We have been thinking a great deal about the lessons we have learned from the FMS phenomenon. To us, this seems an appropriate time to focus on the constructive outcomes of the memory debates. With a working title of "Memory and Reality: Lessons Learned," we are in the planning stage for an FMSF conference on Saturday April 8, 1999, possibly to extend through Sunday morning, depending on interest and finances. This will likely follow a professional meeting that some families might also like to attend on Friday April 7 sponsored by a medical college.

From the tragedy of the families to the genuine concerns of professional—and even from the ridiculous smear attacks—many of us have been enriched in ways we never planned. At the very least, families, professionals and the

media are far more savvy about the workings of memory and the problems brought by the unmonitored exponential growth of the mental health field. By carefully assessing what we have learned, we can then determine what we still may need to learn or to do.

*Pamela*

1. This passage appeared in the conclusion of a 4-part series about routine accidents in hospitals that rarely become public. The records of the Medical College of Pennsylvania became public only because of bankruptcy proceedings last year. According to Lucian Leape of the Harvard School of Public Health, accidental deaths in the U.S. rank as follows: commercial aviation (329); drowning (3,959); falls (14,986); medical error (120,000) (*Inquirer* p 1, Sept 12, 1999)

2. Feigon & deRivera, *Compr Psychiatry* 1998 Nov-Dec 39(6):3, "Recovered-memory therapy: Profession at a turning point."

3. "operative": According to the Oxford English Dictionary, in 1905 the N.Y. Press said that Pinkerton invented the term as a synonym for detective. Since at least 1937, it has meant spy.

### Financial Update

The FMS Foundation's major fundraising takes place each fall—and is now underway. A financial update is, therefore, in order.

First, the good news. The Foundation's fiscal year closed February 28, 1999. The report of the outside auditors was given at the last meeting of the executive committee of the board. Once again, the CPA firm that audits the books and financial statements gave an unqualified opinion. Most important, the fiscal results showed that for every dollar spent, 75 cents went for program services, 20 cents for administrative and general expenses, and 5 cents for membership development and fund raising. Clearly, the Foundation's focus is unswerving.

Now the more somber news. Of all that the Foundation set out to accomplish, nothing has been as important as seeing families—torn apart by the recovered memory movement—restored to wholeness. Although most families are still hoping that this will happen, for an increasing number it is taking place. While this is wonderful news, the support of FMSF has declined as many of these families have moved on. Other families, still torn apart, have also felt it would be best for them to move on and have withdrawn. Moreover, ours is an organization of many senior citizens. Not surprisingly, natural attrition has also taken a major toll.

Recognizing these developments, the entire operation has changed; staff has been reduced and smaller quarters leased. The Foundation asks subscribers to the newsletter and members to provide the support needed to continue the most essential activities.

Lee Arning and Charles Caviness  
Fundraising Co-chairs

#### special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research:* Michele Gregg. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

#### FREE

**"Recovered Memories: Are They Reliable?"**  
Call or write the FMS Foundation for pamphlets.  
Be sure to include your address and  
the number of pamphlets you need.

## Characteristics, Context and Consequences of Memory Recovery among Adults in Therapy

Andrews, B., Brewin, C.R., Ochera, J., Morton, J., Bekerian, D.A., Davies, G.M. and Mollon, P., *British Journal of Psychiatry* (1999) 175, 141-145

Andrews et al. report on what a selected group of therapists reported to them about what a selected group of patients reported to the therapists.<sup>[1]</sup> None of the researchers ever actually interviewed a patient.<sup>[2]</sup>

One of the conclusions of the study was that "more (78%) of the clients' initial recovered memories either preceded therapy or preceded the use of memory recovery techniques used by the respondents." An obvious problem with this conclusion is that the therapists could be expected to be motivated to minimize their role in the recovery of the memories. In the Hess trial described in this newsletter, for example, the defending psychiatrist claimed that the patient came to him with memories of abuse. When the dates of the therapy sessions were actually compared to the onset of the satanic memories, however, the influence of the psychiatrist became clear. The first mention of any childhood abuse was after the patient had 37 outpatient sessions with the psychiatrist and another therapist and almost a month of hospitalization with psychotherapy and hypnosis.<sup>[3]</sup> In other words, we must have more information to draw the sorts of conclusions claimed in this study.

The history of psychiatry has many examples of other retrospective studies that have been used to support faulty conclusions. For example, retrospective case studies were used to suggest that schizophrenia and infantile autism could be cured by psychotherapy. The claims of the Andrews et al. study must be confirmed by prospective studies in order to be deemed valid.

1. p. 145 The therapists differed from non par-

ticipating therapists by virtue of "having high case-loads, having seen more clients reporting satanic abuse and having a greater belief in the accuracy of recovered memories."

2. p. 145 "The reliability of therapists' observations and memories is unknown."

3.p. 217 Trial Testimony of David Spiegel, M.D., Wausau, WI, August 20, 1999.

## Who Speaks for the Clients?

Allen Feld

*The American Psychological Association has studied the therapy but has not taken a position on it, an APA spokesman said yesterday. (Emphasis added)*

C. Wetzstein *The Washington Times* Sept. 4, 1999 "Recovered - memory' suit yields large jury award."

The APA statement cited above concluded an article about the trial of former patient Joan Hess against her treating psychiatrist. Ms. Hess, her children and former husband were awarded approximately \$850,000. The jury that made the award listened to five weeks of testimony and deliberated for 25 hours. A key issue was the psychiatric treatment that included therapy contrived to recover memories, the use of hypnosis, and the MPD diagnosis. It seems obvious that the APA, while stating that it is "not taking a position," is "taking a position."

In my opinion, the quoted sentence demonstrates the inability or unwillingness of the American Psychological Association to distinguish between appropriate therapy and harmful therapy. If the APA fails in that fundamental task, it cannot be relied on to protect consumers. Members of the APA often complain about lawsuits against therapists initiated by former clients and sometimes by parents. But the best efforts to use either the formal complaint systems created by professional organizations or the licensing boards under state jurisdictions have been met with a lack of responsiveness. The courts, unfortunately, seem to be the only alternative when the APA is unable or unwilling

to speak for those harmed by its members. They are part of the problem. When will they become part of the solution?

## Who Speaks for the Clients II?

FMSF Staff

Some of our professional members occasionally send us brochures about up-coming conferences, programs, or training courses on subjects that might be of interest to us. We appreciate these opportunities to keep up with what is being offered to professionals in the name of continuing education.

We recently received a Fall 1999 brochure describing a 12-week training course in "Counseling and Hypnotherapy." Some of the techniques taught include suggestibility exercises, past life regression, trance induction, inner child work, imagery and visualization, sound vibrations, and affirmations. The instructor is referred to by a first name only and his qualifications include a family lineage of Sufi teachers and healers, a practitioner of Sacred Traditions, and study of hypnotherapy. After completing this training course and taking a 4-hour AIDS awareness class, the brochure states, participants may apply to the State of Washington to be registered as a Counselor and/or hypnotherapist. What the brochure doesn't state, however, is that the 12-week course is not necessary to become a registered counselor in Washington. (A 4-hour AIDS class and payment of a fee is all that is required to qualify as a registered counselor in Washington.)

This shouldn't come as a surprise to our readers: past Newsletters have mentioned other counselors in the state of Washington who received their credentials in this manner. What is the potential harm of this practice? The harm is to the client and to the client's family as well. The recently settled Drawdy case in Oregon is a specific example of the harm that can be

caused by a therapist with no legitimate credentials. (See this month's Legal Corner).

When clients seek a counselor, they should be entitled, at the very least, to a counselor with an educational background and degrees pertinent to the field of psychotherapy. Therapy, in the right hands, can be beneficial. When provided by untrained, incompetent or uninformed therapists, it can be harmful.

\* "Crazy" Therapies, by Margaret Singer and Janja Lalich (Jossey-Bass Publishers, 1996) has a section in Chapter 9 on Consumer Guidelines that provides guidelines on choosing a therapist, evaluating a current therapist and traits of bad therapists.



### More on Informed Consent

Allen Feld

In a November 1998 column in *Clinical Psychiatry News*, Dr. Paul Fink<sup>[1]</sup> creates the impression that the FMS Foundation is attacking all of psychotherapy. He writes: "The foes of psychotherapy have developed an interesting tactic—a demand for informed consent for psychotherapy." He also notes that "Stressing the importance of informed consent for psychotherapy through forms and lengthy warnings is antithetical to the time-honored technique of helping patients learn about themselves gradually over time." Dr. Fink seems to have overlooked the ethical codes and guidelines promulgated by the American Medical Association and the American Psychiatric Association. Does he consider these organizations to be "foes of psychotherapy" for writing the following:

"The physician's obligation is to present the medical facts accurately to the patient or to the individual responsible for the patient's care and to make recommendations for management in accordance with good medical practice. The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice.... Social policy does

not accept the paternalistic view that the physician may remain silent because divulgence might prompt the patient to forego needed therapy."

Section 8.08 AMA Code of Medical Ethics, 1994 Edition

\* \* \*

"In general, informed consent should be obtained from all adult patients prior to the initiation of psychiatric treatment...

"Psychiatrists should offer patients or others from whom consent is being obtained information about the nature of their condition, the nature of the proposed treatment, benefits of the proposed treatment, risks of the proposed treatment, and available alternatives to the proposed treatment along with their benefits and risks."

American Psychiatric Association  
*Principles of Informed Consent in Psychiatry*,  
June, 1996 (NB: This is a "resource" and  
does not represent APA policy.)

When a member of the bar details, as follows, the information that will potentially allow a patient to make a more intelligent informed choice, is she, too, to be designated a "foe of psychotherapy?"

"While a particular medication or other therapy may from the professional's perspective clearly be beneficial, concerns about anticipated or real side effects must be honestly discussed. It is the clinician's obligation to carefully listen and flexibly respond to experiences of consumers.

Susan Langle, Esq. Client & Legal  
Services, New Hampshire Div of  
Behavioral Health. *The OCA Quarterly*  
Report, 4 (2) June 1999

Dr. Fink fails to distinguish between the Foundation and the actions taken by some of its members and other professionals who are actively seeking to get informed consent legislation passed. Examining and understanding why these people feel it is necessary to take this action would better serve psychotherapy and those who provide and receive such services. For a psychiatrist to label as "foes"

people with whom he disagrees is troubling. If there is such a thing as a "Leadership Council," we wish that it would exercise its leadership by changing the profession so that citizens would not need to go to the courts or their legislative bodies to gain protection from therapists who use unscientific, unproven and harmful therapies.

I. Former president of the American Psychiatric Association and the current president of the self-declared Leadership Council (See FMSF Newsletter, September 1999, p. 3)

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.



### Suggested Revisions for "Recovered Memory" Guidelines of Australian Psychological Society Presented at Ritual Abuse Seminar

Five years after guidelines have been released, the Australian Psychological Association reviews them to determine if they are still needed. In that context, suggested revisions of the Society's 1995 "Guidelines Relating to 'Recovered Memory'" was presented at a Ritual Abuse Seminar in September. This seminar was attended by therapists, many of whom indicated they had been treating patients for ritual abuse, "multiple personality" and "repressed memories of abuse" for more than a decade.

The suggested revisions, which had not been sent to the relevant group of the APS, were presented as more "client and therapist sensitive." The suggestions have not been approved by the APS but are of interest because they show the sorts of pressures that exist within professional groups.

Among the suggestions is the deletion of the statement "Relatedly, psychologists should recognize that therapeutic interventions may have an indirect impact on people other than the

client they are treating." And among the additions is the notion that psychologists should "be prepared to discuss with any client who recovered a memory of abuse that it may be true or false, partly true, distorted, thematically true, metaphorically true, or a blend of accurate, distorted or symbolic material."

The language of the suggestions reveals the bias of the writers when it refers to "accused offenders" rather than accused people; it makes no reference to "unaccused offenders."

The complete 1995 guidelines, the suggested changes and a commentary should soon be available at [www.afma.asn.au](http://www.afma.asn.au). If you do not have access to the web, you may request them from the FMS Foundation.

*Thanks to Andrew Gibbs, Bsc (hons) Msc. Ph.D., member of the Australian Psychological Society and Professional Advisory Board of the Australian False Memory Association for this information.*

*Editor's question: If clients can have metaphorically true memories, can they pay for their therapy with metaphorically true checks?*



### Charter Hospitals in News Again

Effective September 14, 1999, three private psychiatric hospitals in Massachusetts owned by Charter Behavioral Health are no longer allowed to treat Medicaid and Medicare patients. One of the hospitals violated regulations on the use of restraints on children. According to Health Care Financing Authority records, among the problems were a 9-year-old girl placed in restraint in July and a 10-year-old boy placed in a six-point restraint in June, neither by written orders from doctors. The hospital chain received \$11.4 million in 1997 and \$8.2 million in 1998 in federal funds. Since the May 1999 *60 Minutes II* expose on another Charter facility, the chain has been under heightened-scrutiny."

Michael LaSalandra  
*Boston Herald, September 1, 1999*

### I SAY, I SAY:

#### Time to close the book on recovered memory

By Morton S. Rapp, MD

*This article was published in The National Post (Canada) 34 (20), May 26, 1998 and is reprinted with permission of the author.*

The "recovered memory movement" (RMM) is approaching the end of its 15 minutes of fame, but took 20 years to do so.

As Joan Acocella points out in "The Politics of Hysteria" (*New Yorker*, April 6, 1998), we have undergone two decades in which the existence of multiple personality disorder (MPD) was accepted by mainstream psychiatry.

The "facts" that sexually abused infants and children frequently recovered "repressed" memories years later, and that satanic ritual abuse is widespread, have been accepted by our culture, aided and abetted by a small but fanatical cadre of "believers" and disseminated by television.

The RMM phenomenon bears many resemblances to the Salem witch-hunts and the McCarthy political abominations at the start of the Cold War. A reliable formula combines a "hot topic" (sin, communism), a widespread fear of invasion (by communists or pedophiles), a trend to self-perpetuation by the ability to accuse of evil any dissenter ("fellow-travellers"; secret abusers) and reliance on the most unreliable of witnesses, whether it be Whittaker Chambers or a passel of disturbed young women.

RMM is actually going to die of its own excesses, as it strung together phantasmagoric links between widespread sexual abuse, memories recovered in ways defying the science of memory, and satanic cults, evidence of which has never been found.

It took a while, but RMM has finally unravelled a conspiratorial tale that not even Americans will believe. And for those who do, they will find their managed care companies no longer willing to undertake payment for treatment of MPD and RMM, possibly the first tangible contribution of managed care to sensible medicine. Hysterical trends ebb and flow like the tides.

King Canute proved you cannot stop the tides by willing it to happen. But, I do think that organized psychiatry (if that be not an oxymoron) could have done more to abort the recovered memories movement in its first trimester.

Even 15 years ago, psychiatry was abandoning most of Sigmund Freud's most unscientific concepts, certainly that of "repression."

Psychiatrists are allegedly more informed of broad general issues and should have been able to isolate and name a pathogenic social phenomenon in its midst. The few who did certainly didn't win any medals at the time, but can now feel good about maintaining their intellectual rigor and honesty under pressure. The rest of us have some soul-searching to do.

*Morton Rapp is a psychiatrist in Toronto.*

"Confirmation bias should be a matter of great interest and concern to lawyers and judges. For example, lie-detector (polygraph) examiners may start with a hypothesis that they "confirm" by asking just the right questions. Or a mental health professional investigating child abuse may too readily (albeit unwittingly) collaborate with the presumed victim to create memories of abuse that never occurred. The easily made diagnosis of child abuse can be notoriously difficult to falsify, particularly when the victim is an adult and the abuse occurred early in childhood. This has led to several spectacular miscarriages of justice."

Foster, Kenneth R. and Huber, Peter W. 1997. *Judging science: Scientific knowledge and the federal courts*. Cambridge: The MIT Press. p. 45 :



### Therapy's Delusions

By Ethan Watters and Richard Ofshe  
New York, Scribner, 1999

Reviewed by Harold Lief, M.D.

It is not easy to review a book when I find that there's much to agree with and an equal amount with which I disagree. I applaud the authors' delineation of the false paths of classical psychoanalytic theory and practice. I particularly endorse their views about the role of suggestion in all forms of psychotherapy, including psychoanalysis. However, I believe the authors have erected an unchanging monolith to attack which they call, but never quite identify, "psychodynamic psychotherapy" and they have done this with a broad axe, rather than with a chisel, let alone the scalpel, the instrument used by a surgeon whom they frequently compare favorably to a mental health therapist. I do not object to their criticism of Freudian theory. I would have agreed with their views fifty years ago (I completed my own psychoanalytic training at Columbia University in 1950). We were taught then that Freud's ideas about the libido theory, about life and death instincts, about the primacy of the Oedipus complex and the central place of sexuality in the development of psychopathology were the speculations of a poet, not those of a scientist. As an example of a particularly damaging idea, we were taught that Freud's notions about the locus of sexual excitation in a woman was a dangerous idea that if endorsed by an analyst, would only increase the distress of a female patient.

Watters and Ofshe ridicule the notion that psychoanalysis could cure a major mental illness like schizophrenia. Fifty years ago in my training, we were taught that it was unwise, even dangerous to psychoanalyze schizophrenics, that schizophrenia was a bio-

logical illness. Indeed, a group of analytic graduates from Columbia, including me, went to Tulane University in New Orleans about 1950 to attempt to prove that point. Unfortunately at that time we did not have the radiographic or genetic identification techniques (the structure of DNA was identified in 1953) now available to neuroscientists. Watters and Ofshe may argue that these did not represent the psychoanalytic mainstream and they would be right; nevertheless, not all analysts had the same beliefs.

It is curious to see how the authors deal with changing beliefs. They have selected analysts who profess to represent changing views when, in fact, these analysts are using the same unfounded speculations that have been in vogue for generations. The authors have employed a highly selective process aimed at discrediting change.

Another feature of the book is the tendency to use sweeping generalizations and then partially modify them later in the book. This is a technique they use in discussing the relevance of childhood events to adult behavior and in their discussion of unconscious mental mechanisms.

Let us take a look at some of their sweeping statements. In what they call "the fallacy of causation," they state that the psychodynamic schools have often (note the slight modifier) limited their search for the causes of disorder to the patient's childhood. That notion, for example, was never part of my training. Clearly childhood events may have large or small repercussions in one's adult life; if they had no influence whatsoever, we would be wasting billions of dollars in educating our young people in safe environments (or what we hope to be safe environments), and would be unconcerned about the role of violence, abuse, and neglect in childhood. Novelists like Charles Dickens would make no sense.

Even when the authors are correct, when then they state that the root cause

of mental illness can be found through biochemistry, genetics and neurology, they set up a false dichotomy between biological or "root" causes and faulty learning. For example, in schizophrenia, a deficient ability to experience pleasure (biologically derived) leads to a faulty interpretation of the world around them. A therapist can help ameliorate some of the results of faulty learning while drugs are used to reduce the biological deficits.

I heartily agree with their proposition that the therapist's expectations mediate the patient's words and actions, and that this recognition has been neglected by many psychotherapists. Indeed, suggestion is inevitable in every interaction between therapist and patient. It is the major cause of the travesty of psychotherapy known as "recovered memory therapy" (a good part of a recent paper by Janet Fetkewicz of the FMSF and me deals with the role of abuse of suggestion in psychotherapy).

On the other hand, I am amazed at the next line on page 37: "These therapists have offered the proposition that once a cause is discovered, the symptom will disappear." While it is true that Freud believed this a hundred years ago, few reasonable psychotherapists have entertained that Hollywood notion, exemplified in Hitchcock's "Spellbound" with Jimmy Stewart and Ingrid Bergman. This is an example of overstatement and oversimplification.

Once you include the use of suggestion in any psychotherapy, you have to agree with the authors contention about "the fallacy of non-influence" and "the fallacy of confirmation," the consequences of self-affirming feedback loops between therapist and patient, a point Fetkewicz and I emphasized in our paper.

Points of agreement are significant, but they have to be set apart from points of disagreement. An example of disagreement with the authors is their allegation that psychoanalysis has

ignored cultural influences. Again, we return to a monolithic view of psychoanalysis. The recognition of cultural influences led to the development of the ideas of Karen Horney (and those of Clara Thompson) and the Horney Institute in the 1940s. It is true that Horney's ideas were not then acceptable to the mainstream of analysis but, on the other hand, it does indicate that beliefs were changing sixty years ago.

The authors agree that there are out-of-awareness mental processes, but they argue that there is no evidence "that psychotherapists have special methods for laying bare out of awareness mental processes." Again, I return to the criticism that the authors never really identify or fully describe psychodynamic psychotherapy—they seem to equate it with classical psychoanalysis; yet they seem to attack all talk therapy, but on the other hand, approve of cognitive therapy and behavioral therapy.

Let us take a look at how data about human behavior, subjective aspects of thoughts and feelings, as well as data about health and illness, are derived. There are two methods: inspective and introspective. When one goes to a doctor, he not only examines us with a variety of tools and senses (in the old days, even smelling the patients' urine was part of the examination), but he asks us to describe our pains, discomforts, in short, our bodily sensations. He will ask about our behaviors, about what makes things better or worse, about environmental influences, about our habits. The doctor is using a mixture of inspective and introspective methods. We have to tell the doctor unless we withhold, what we feel and think to help him achieve a working diagnosis.

Like the medical doctor, the psychotherapist has to use the same methods of obtaining data. He observes his patient and listens. Psychotherapists have varying skills in eliciting data, and some are so married to their theo-

ries (in a state that does not recognize divorce) that their beliefs interfere with the collection of data. Watters and Ofshe do a wonderful job of describing such therapists. But, to say that the psychotherapist has no special methods for uncovering out-of-awareness mental processes makes no sense. Since I am a sex therapist, when I inquire about a patient's sexual fantasies, the patient may have to ponder and search his recollections for the fantasies and at first be unable to describe when and how they occur. These are usually not "deeply" unconscious, yet they are out of awareness until the patient does some work. The therapist can learn about the patient's pattern of erotic arousal, even ideas about potential partners and some ideas about the "sexual self". Of course, Watters and Ofshe are correct that too many therapists interpret fantasies influenced by highly speculative theories. Yet, asking about fantasies, sexual or other, is at the core of psychodynamic psychotherapy.

The authors laud cognitive therapy without ever describing it. Take, however, a principle technique of cognitive therapy—namely inquiring about "automatic thoughts." These are the thoughts usually just out of awareness that a person has before he experiences certain feelings about himself, others, or the world around. Discovering these automatic thoughts is the key to changing a person's belief system. This is an example of another special technique used in uncovering unconscious thought processes.

There are times when the authors protest that a person has no definite pattern of behavior—that seems to be nonsense. All of us have patterns of behavior, mechanisms of psychological adaptation, often appropriate and adaptive, sometimes inappropriate and maladaptive. We all have mindsets or schemas with which we perceive ourselves and the world around us. They may be more or less conscious, more

or less influenced by events in our past. A good part of psychotherapy is aimed at increasing the patient's awareness of these behaviors and perceptions. The patient learns how "emotional thinking" leads to selection of cues and reinforcement of the schema. This also illustrates how cognitive processes "laid bare" are part of what I regard as "psychodynamic psychotherapy."

When a patient develops a phobia, for example, based on the sensory cues surrounding an initial attack of anxiety, as I described in a paper I wrote in 1955, the connections are outside awareness. I was roundly criticized by orthodox psychoanalysts for saying that choice of phobic objects were based on faulty associations rather than on symbolism; nevertheless, the faulty associations were outside awareness. This is a different view of unconscious mental processes from the ones attacked by the authors, yet these are all part of dynamic psychotherapy, of "talk therapy."

Long ago, even though I had been President of the American Academy of Psychoanalysis and a charter fellow of The American College of Psychoanalysts, I realized that psychoanalysis was not cost effective. Also, I wanted to increase my use of inspective methods so I specialized in marital and family therapy where I could observe behaviors (the inspective method), notably the interaction among the family members. This made the data collection more trustworthy, but I still had to listen to what was said by the family members (introspection). I also became a sex therapist where I could use behavioral interventions. However, all these forms of therapies are talk therapies.

The authors are on target when they speak of the vast increases in inspective (biological) knowledge that neurosciences have brought to the practice of psychiatry. We must be mindful of therapies that have failed to

live up to and have actually harmed many patients in recent years, notably recovered memory therapy, but we must be careful not to jettison the entire cargo as the authors are recommending. Biological therapy, mainly medications, while so promising, is not yet at the point where we can treat most mental illness without psychotherapy. In fact, outcome studies show that the combination of medication and psychotherapy is superior to either medications or psychotherapy alone.

While I am grateful to Watters and Ofshe for their detailed critique of the field of psychoanalysis and of psychotherapy, that shouldn't mean that talk therapy should be discarded. Remember that almost every encounter between doctor and patient requires talk, and talk therapy is any therapy in which the patient reveals his inner world of feelings and thoughts. It is through talk that a healing relationship is established with any healer, from family doctor to psychiatrist. That this whole process has been abused has been thoroughly delineated by the authors, but this does not mean that the entire enterprise is a sham and worthless.

*Harold Lief, M.D. is Professor Emeritus of Psychiatry at the University of Pennsylvania and a member of the FMSF Scientific Advisory Board. Among his many accomplishments, Dr. Lief pioneered the study of sex education in medical schools.*

#### **A BOOK FOR THERAPISTS**

*The Psychotherapist's Guide to Human Memory*, by Janet Jones. New York: Basics Books, 1999. 296 pages.

For those who long for "truth in packaging," Janet Jones' book just might be the ticket. It is a guide to human memory and one that is sorely needed. The book jacket accurately describes the sad state of affairs in the education of psychotherapists: "As yet no mental health professional is required to study (memory) it." Professional education would be much improved by having Jones' book become required reading and study. If this were to happen, it is reasonable to expect that as a result, there would likely be fewer calamities like false memory syndrome. Dr. Jones uses fully accepted scientific knowledge to present her primer on human memory. It is not a book about false memory syndrome; indeed, no mention of FMS could be found. What is discussed are childhood memory, memory construction, retrieval and distortions, trauma or the inability to judge the veridical accuracy of memory; no book on memory would be complete without these inclusions. Since Jones uses a minimum of technical jargon, this book may be well suited for lay audiences. She provides a comprehensive list of citations that will serve any readers who are interested in exploring specific areas in greater detail.

FMSF Staff

L E G A L

C O R N E R

FMSF Staff

#### **Jury Awards \$862,000 in Malpractice Suit**

Hess et al v. Juan Fernandez, et al Case No 95-CV-138

After hearing five weeks of testimony and engaging in 25 hours of deliberation, a 15-person jury found psychiatrist Juan Fernandez, III negligent in his treatment of Joan Hess and awarded Hess and her family \$862,000. Hess had accused Fernandez of implanting false memories of sexual abuse and cult abuse and of leading her to believe that she had more than 75 personalities. During treatment, Hess became suicidal and was hospitalized numerous times. Hess was joined in her suit by her two children and her former husband, the mayor of the city of Wausau.

In an article in the *Milwaukee Journal-Sentinel*, Hess' attorney, William Smoler said "In my view, there is no defense for this kind of therapy. If that means that this is now a message that this stuff has to stop, I hope that message is delivered. This is vindication that this craziness was not her fault." (*Jury reaches verdict in negligence trial focusing on memories*, Sept. 2, 1999)

The main arguments of the defense were that Hess already had memories when she started therapy with Fernandez and that he was within the standard of care in her treatment as it was known between 1991 and 1994. It is noteworthy that some of the most prominent experts in the United States testified on both sides of this case. Their testimony addressed repressed-memory therapy, hypnosis, standards of care and the diagnosis of multiple personality disorder.

The defense pointed out that several of the plaintiff's witnesses were associated with the FMS Foundation. The plaintiffs noted that most of the experts for the defense and much of the material they submitted was from a small group of people associated with the ISSMP&D (International Society for the Study of Multiple Personality and Dissociation). Attorney Smoler argued that the defense experts were part of a "cottage industry" developed by six or eight doctors interested in cultivating MPD and who relied upon it for a living. He noted that Chu was a past president of the ISSMP&D and that Spiegel had been a member until he resigned a few years ago.<sup>[1]</sup> Smoler used this to demonstrate that the standards of care relied upon by the defense were the standards endorsed only within this small group and were not the standards of the majority of psychiatrists. "[I]t is only the standard of care whenever you look to anybody who is a member of ISSMP&D<sup>[2]</sup>

One of the questions in this trial centered on the timing



of Hess' memories of sexual abuse. Did Hess enter treatment with Fernandez with memories of sexual abuse or did they come up after she started seeing Fernandez? According to one report,<sup>13)</sup> Hess "went to Fernandez seeking help with nothing more serious than mild depression. She emerged from several months of therapy recalling her parents molesting her in a satanic cult when she was a child, according to court records. The memories, the Hess family claims, were implanted by Fernandez"

Spiegel's testimony evaluating Hess' treatment records noted that the first mention of "memory problems or blocked memory is on 3/18/91 after 28 sessions between Dr. Fernandez and Carolyn Decker."<sup>14)</sup> Later in the testimony, in a question posed to the expert by Smoler, it was noted that the first mention by Hess of memories of childhood sexual abuse occurred on 5/21/91, after 37 therapy sessions and during a month of hospitalization and hypnosis. <sup>15)</sup>

1. p. 188 "Of the treatises that have been submitted by the defense, 17 of them were authored by Dr. Kluft, eight of them were authored by Dr. Putnam, 12 of them were authored by Dr. Ross, three of them were authored by Dr. Braun, 7 authored by Dr. Lowenstein - all past presidents of ISSMPD" Putnam was a member, but not a president.

2. p. 186 Trial Testimony of David Spiegel, M.D., Wausau, WI, 8/20/99

3. Wasson & Kallio, "Suits in memory cases rise," 7/26/99 *Wausau Daily Herald*

4. p. 205 Trial Testimony of David Spiegel, M.D., Wausau, WI, 8/20/99.

5. p. 217-218 Trial Testimony of David Spiegel, M.D., Wausau, WI 8/20/99

According to reports in the *Wausau Daily Herald* the following were among the experts who testified in the Hess trial:

#### For the plaintiffs

August 4 - Paul McHugh, M.D., Chief of Psychiatry at Johns Hopkins, testified that Fernandez was negligent in the following ways: did not perform proper evaluation; used hypnosis as primary treatment with little training; over-prescribed tranquilizers, making Hess more susceptible to suggestion; did not focus on current problems; failed to use clinical common sense, and abandoned treatment. McHugh noted that it is possible "and even common" for psychiatrists to implant memories.

August 6 - James Hudson, M.D., a psychiatrist at McLean Hospital, testified that Fernandez diagnosed and treated a cluster of 14 MPD patients within three years of his arrival in Wausau. He noted that this is a statistically unlikely cluster.

August 12,15 - Herzl Spiro, M.D., a Milwaukee psychiatrist, testified that it was Fernandez' responsibility to investigate memories and determine accuracy and that psychiatrist is in charge of all aspects of a patient's care.

August 15 - Elizabeth Loftus, Ph.D., University of Washington, testified about the nature of memory and suggestion and noted that Hess' memories were "highly suspicious."

#### For the defense:

August 20 - Daniel Brown, Ph.D., a psychologist at Harvard University, testified that there was no evidence that

Fernandez implanted memories or contributed to MPD. But under cross examination he stated that "there's a possibility that therapy contributed to her condition."

August 21- David Spiegel, M.D., a psychiatrist at Stanford University, testified that Fernandez used appropriate treatment. He told the court that he has never seen a case of MPD caused by a doctor implanting suggestions in a patient's mind.

August 25 - Harold Harsch, Ph.D., Associate Medical Director of Psychology at Froedtert Memorial Lutheran Hospital in Milwaukee, testified that Fernandez was obligated to treat Hess for MPD whether or not he believed her memories of sexual and satanic ritual abuse were real.

August 28 - James Chu, M.D., Clinical Director of the Trauma/Dissociative Disorder Treatment Program at McLean Hospital, testified that Fernandez was only doing what other MPD therapists were doing in the early 1990s and said that Fernandez was following the advice given by Frank Putnam, M.D. in his 1989 book *Diagnosis and Treatment of Multiple Personality Disorder*.



### **Drawdy v Brightwater, Oregon**

*Willamette Week*, 25 (11), August 11, 1999

On August 9, 1999, Joy Drawdy settled a lawsuit against Faith Brightwater for an undisclosed amount. The suit alleged that Brightwater (a.k.a. Melanie Cline, a.k.a. Melanie O'Banion) encouraged Drawdy to believe that she had been abused as a child by a Satanic cult but had repressed the memories. Drawdy was also led to believe that she was really the biological child of Brightwater.

Drawdy was represented by Michael Shinn and Hala Ghores of Portland, Oregon. According to attorney Shinn, during the period of Drawdy's therapy, the *Willamette Week* published an extensive article about the Jennifer Fultz malpractice lawsuit that involved false memories of satanic ritual abuse.<sup>11)</sup> When Drawdy brought the article to her therapist's attention, Brightwater said that it was an example of how satanists had even infiltrated the legal profession.

Drawdy chose Brightwater as a therapist shortly after moving to Portland in 1996 basing her decision on her ad in the yellow pages. The ad said that Brightwater was a board certified therapist in hypnosis. According to attorney Shinn, Brightwater had no undergraduate degree but possessed an MA and Ph.D from the LaSalle correspondence school in Florida. In addition, Brightwater had no clinical training.

Brightwater had been a speaker at conferences such as those held by the now-defunct Believe the Children organization, where she presented herself as someone abused by a satanic cult..

11. See FMSF Newsletter June 1996, September 1996, October 1996, December 1997 and July/August 1998.



## **Drake University and Lutheran Hospital Settle Malpractice Suit**

*The Des Moines Register, 8/12/99*

A lawsuit brought by K. S. against former Drake University counselor and Iowa Lutheran Hospital has ended in a confidential settlement in August. K.S., a law student who sought help for stress, had accused the counselor of planting false memories of satanic ritual abuse and leading him in a bizarre treatment that included seeing a psychic in Wisconsin in 1993. K. S. and the counselor, Deborah Webb-Burmeister now of Lakeland, FL, began a sexual relationship in 1995. The attorney for the plaintiff was Roxanne Conlin.



### **Malpractice Settlement in Texas**

Elizabeth Goodman v Patricia P. Corke, M.D, individually; Patricia P. Corke, M.D., P.A.; Gail Howell, M.S.W., Baywood Hospital, Inc, NME Psychiatric Hospital, Inc; Tenet Healthcare Corp; Tenet Healthcare, L.P, and National Medical Enterprise, Inc in the District Court of Harris County, TX.

Cause No 97-07986

The plaintiff sued for negligent psychotherapy claiming that the defendants had failed to assess and treat her properly. The plaintiff alleged that the defendants had implanted false memories of childhood abuse using hypnosis and other means. In addition, the plaintiff claimed that the defendants had provided her with false information regarding "repressed and recovered memories." The plaintiff further claimed that the defendants had failed to obtain proper informed consent before embarking on dangerous, untested "treatments."

The defendants denied liability and admitted no wrongdoing. The parties and attorneys all declined to comment on the case or settlement due to the confidentiality agreement.

Attorneys for the plaintiff were R. Christopher Barden, Ph.D., J.D. of North Salt Lake, Utah and Larkin Eakin, J.D. of Houston, Texas. The settlement amount is undisclosed.



### **Wrongful-Death Settlement in Texas**

Miller v Malone, Vance and Charter Grapevine 236th Judicial Dist, Carrant County, TX, Cause # 236-169773-97.

According to attorney Skip Simpson, a settlement was reached in a suit filed by the family of a woman who killed herself after she became convinced while in therapy that she had been the victim of bizarre acts of sexual and satanic ritual abuse as a child. The defendants were the woman's therapists and the Texas psychiatric facility where she died.

Jay Miller, the woman's husband, brought the action on behalf of himself and the couple's two minor children. According to attorney Simpson, Starla Miller went to Charter Hospital of Grapevine in February of 1995, feeling

depressed and suicidal. Miller had earlier been treated by an Oklahoma therapist, under whose influence she developed graphic and bizarre "memories" of her childhood. During more than two months at Charter Grapevine, her therapist, Charles Vance, encouraged her to believe more firmly her childhood "memories" of being repeatedly raped and prostituted by her father, abused by her father and others during cult-related satanic rituals, and forced to participate in the murder of an unidentified man. Her condition steadily worsened and she repeatedly spoke of suicide, telling the staff at Charter that she would hang herself with a bed sheet.

Her life ended prematurely in March of 1995 after she hung herself with a bed sheet in her room at the Charter Grapevine facility.

According to Simpson, Miller's therapists told her that she suffered from Multiple Personality Disorder (MPD) and that she was inhabited by dozens of personalities or "alters."

At the time of her suicide, the lawsuit alleged, Charter Grapeview was understaffed, preventing the staff from properly conducting suicide checks. Miller's suicide came in the wake of a heated meeting arranged by Vance, Dr. Gary L. Malone, and Charter Grapevine, during which Miller confronted her father with allegations of abuse.

The terms of the Miller family's settlement with Charter Grapevine, Dr. Gary L. Malone, and Charles Vance are confidential.



### **\$366,800 Awarded in Wrongful Arrest Resulting from Recovered-Memory Accusation**

G. Kalogerakis, *Montreal Gazette*, September 17, 1999

Alain Andre, a former mayoral candidate, was arrested in 1994 at his home at 6:30 AM by six police officers after his 25-year-old adopted daughter told them that he had raped her when she was a child. Mr. Andre was held in a jail cell until his release the same day. All charges were dropped before the preliminary inquiry after Andre gave prosecutors 40 affidavits from people who refuted the accusations. Andre subsequently filed a lawsuit against the police. He contended that the police should have at minimum interrogated him before arresting him.

Andre, a lawyer, had to leave his teaching job because of the accusation and arrest. "This cost me my political career. That's down the drain for sure. No matter what I do, I will always be the guy who was accused. Always the guy who was charged. Never the guy who was acquitted."

Prosecutors, police and accuser were ordered to pay \$366,800. The daughter, who is said to have psychological problems and has not been seen for some time, did not show up for the civil trial last year and Judge Luc Lefebvre said that if she does not pay her third of the award then the pros-

ecutors and police must.

Judge Lefebvre sharply criticized a police investigator and a prosecutor for basing their case solely on the statements of the adopted daughter. "The prosecutor destroyed the life of a man on very little evidence," he said. "[The prosecutor] flouted his right to liberty, his right to safeguard his dignity, his honour and his reputation, rights enshrined in the Quebec and Canadian charters." Speaking about the police, Lefebvre commented: "The court is of the opinion that [the officer] didn't undertake a serious investigation before the arrest."

The decision may have far-reaching consequences in terms of other sex-assault cases because the judge ruled that police need more than just the alleged victims' accusations, even if they believe them.



### **State of New Hampshire v Sargent, 1999 WL 547885 (N.H.)**

The New Hampshire Supreme Court ruled that expert testimony on the risk of false memory implantation through suggestive and coercive questioning is admissible because the average juror may not have the knowledge or understanding of the proper protocols and techniques used to interview child victims.

(From the Legal Aid Society NY, J.R.D. Newsletter 25(32) August 30, 1999)



### **U.S. Supreme Court to Rule on Grandparents' Rights**

Richard Carelli, Associated Press, September 28, 1999  
"Visitation Rights To Be Decided"

The U.S. Supreme Court has agreed to hear the appeal of Gary and Jennifer Troxel of Washington state who seek to regain visitation rights to their young granddaughters over the objections of the girls' mother, Tommie Granville Wynn. The court expects to hear arguments in January and a decision is expected by next June.

A lawyer with AARP's state legislative department said, "We have lots of members who are very interested in protecting the special and unique bond grandparents have with their grandchildren."



### **California Eliminates Statute of Limitations in Sex Abuse Cases Retroactively**

The People v Frazer Case No S067443, Supreme Ct of Calif,  
1999 Cal. LEXIS 5535

On August 30 in a 4-3 decision, the California Supreme Court upheld a 1994 law and ruled that suspected child molesters can be prosecuted years or decades after the alleged crime, even if the statute of limitations has passed. The ruling contradicted decisions by courts in some other

states that such laws are unconstitutional.

The 1994 law states that the crime must have involved one of some specified sexual acts and that prosecutors must present evidence that clearly and convincingly corroborates the crime. Such evidence cannot consist of the opinion of a mental health professional, a point relevant to recovered memory cases.



### **Washington State Supreme Court Rules that MPD is Generally Accepted Within Scientific Community**

State of Washington v. William B Green 67250-4 Wa Supreme  
Ct. Filed Sept 30, 1999

The Washington Supreme Court ruled that multiple personality disorder is generally accepted within the scientific community, but that does not mean that evidence about MPD is necessarily admissible in any particular case.<sup>[1]</sup>

William Green, a repeat offender, was found guilty of indecent liberties and kidnapping of Maryalyce Stamatiou, his therapist in 1994.<sup>[2]</sup> Green appealed the trial court's Frye hearing that concluded DID (MPD) testimony was not admissible thus excluding an insanity defense. The Court of Appeals held that DID is generally accepted in the scientific community and remanded the case for a new trial. In reviewing the case, the Washington Supreme Court found that the trial court properly excluded the DID insanity defense but for the wrong reason. It affirmed the Appeals court ruling that DID is admissible under Frye.<sup>[3]</sup>

1. See H. T. George, "High court won't set standards for multiple personality disorder cases" Sept. 1, 1999.

2. A television news journal program of this case appeared on Dateline NBC June 23, 1998 "Alter Egos: A look inside of Bill Green, who has multiple personalities and has been accused of rape"

3. For a review of DID (MPD) in the courts see Siovenko, R., "The production of multiple personalities," *Journal of Psychiatry & Law* 27/Spring 1999. See also *FMSF Newsletter* 8 (3) April/May 1999.



### **Updates of cases we have been following:**

**Wenatchee:** Paul Glassen, a former social worker in Wenatchee, has received a letter from the city clearing him of any criminal activity. It was part of a settlement that included \$295,000 and \$2,500 in mediation costs between Glassen and the city. Until this letter, obtained by *Wenatchee World* under the Freedom of Information act, the city has never publicly admitted improper conduct during the infamous 1994-95 investigation. Glassen had been arrested in 1994 on a charge of witness tampering after he questioned the tactics of detective Perez and he was accused by one of Perez's foster daughters of participating in sex orgies. Glassen fled to Canada. He is the third plaintiff to settle out of court in 1999. The portion of his suit against the state is scheduled to go to trial October 13 in Wenatchee. (Maher, *Wenatchee World*, 8/30/99, "After 4 years, letter from city clears former social worker")

**Little Rascals** The Little Rascals Day-care case in Edenton, NC is finally over. The case that was the focus of several Frontline documentaries began in 1989. Robert F. Kelley Jr, who operated the Little Rascals day care, had been sentenced to 12 consecutive life terms on sexual abuse convictions involving children at the center and he spent more than 6 years in jail. His convictions were overturned in May 1997 and the state dropped all 99 charges against him in the Little Rascals case but charges of sexual abuse involving a woman who said Kelly had abused her when she was 9-years-old remained. Those charges have now also been dropped. (M. Barnes, Fayetteville, "Last Kelly abuse charges dropped")

**Amirault** - As we prepare to take this newsletter to the printer, Cheryl LeFave Amirault prepares to be sent back to prison. The box opposite contains opinions about this case from newspaper columns.



**Paul Ingram Update** - Daniel Brailey, the founder of an organization working to obtain freedom for Paul Ingram, has written to say that Ingram remains in prison in Delaware and is working and studying as he has since 1988. This past summer Paul's father died but he was not allowed to go to the funeral.

The Ingram case gained national attention because Ingram was a law enforcement person who confessed to practicing SRA after his daughters claimed to have recovered repressed memories of abuse. Later, it was demonstrated by Richard Ofshe, Ph.D. that Ingram would falsely confess to ideas suggested to him. A *New Yorker* article that later became book, *Remembering Satan* by Larry Wright details the case.

The Ingram organization has opened a website:

[www.Ingramorganization.com](http://www.Ingramorganization.com)

## Comments in the media about the Massachusetts Supreme Judicial Court's decision to send Cheryl Amirault back to prison.

"The Amirault prosecutions took place in an atmosphere of hysteria. At the time, 'children don't lie' was the battle cry for the prosecutors and anti-abuse activists. It wasn't until years later that empirical research became clear and society began to understand how easy it is to plant ideas in a child's head and how improperly suggestive the earlier investigative tactics had been."

"In six different decisions in the Amirault cases, the SJC has seemed determined to defend the prosecutors and insist that these defendants belong behind bars. Virtually scoffing at any possibility that an injustice may have been done, the justices have been unyielding in their refusal to let a new trial take place to present scientific testimony that wasn't well-developed at the time of the original trials."

Editorial, *Massachusetts Lawyers Weekly*, 9/13/99 p. 28 M.L.W. 2992.

"In the past, the roadblock to LeFave's release has been the requirement she admit guilt, which she refuses to do. LeFave and her mother and her brother, Gerald 'Tooky' Amirault, have maintained their innocence since the case made national headlines in 1985 amid a series of alleged day care sex abuse cases."

Ed Hayward, *Boston Herald*, 9/29/99

"We will never know what happened at Fells Acres, just like the communities that suffered through the other multiple abuse cases...will never know with certainty" if the defendants were guilty or innocent, said Boston lawyer Martin Weinberg, director of the National Association of Criminal Defense Lawyers. "But in a democracy, unlike in an accusatory system, when there's uncertainty citizens remain free. It's the fundamental notion of our nation's heritage, and I think that's been challenged in this community."

Sacha Pfeiffer, *Boston Globe*, 8/21/99

"The supreme judicial court of Massachusetts last week could have ended perhaps the commonwealth's worst miscarriage of justice since the Sacco and Vanzetti trial of the 1920s. Sadly, it did not."

Editorial, *Christian Science Monitor*, 8/23/99

"The opinion is a telling document, as much for what the judges left out as for what they put in. Indeed, a reader who came to it knowing nothing about this prosecution would have been hard put to find in this decision any of the reasons this case had won such notoriety; nothing of the frenzied interrogations, the mad pleadings of interviewers exhorting children to tell, of the process by which small children were schooled in details of torments and sexual assaults supposedly inflicted on them in secret rooms--matters, the record of these interviews reveals, that the children clearly knew nothing about."

Dorothy Rabinowitz, *Wall Street Journal*, 8/24/99

"[T]hese women did not receive a fair trial." Judge Robert Barton whose 1997 order for a new trial was also overturned by SJC.

Jack Sullivan, *Boston Herald*, 8/25/99

"We're talking about 15 years for a sentence I intended to be less than six. That's kooky," said Sullivan [Judge John Paul Sullivan who sentenced the Amiraults to eight to 20 years in jail with the understanding they would likely be paroled in less than six years].

Tom Kirchofer, *Associated Press Newswires*, 8/19/99

"The court is left with an abiding conviction that justice was not done," Borenstein [the second judge to order a new trial] said at the time."

Jack Sullivan, *Boston Herald*, 8/25/99

"One thing that is absolutely clear is that this outcome had nothing to do with the Amiraults," said Thomas G. Gutheil, a professor of psychiatry at Harvard Medical School who has testified in numerous abuse cases. "It can only be about the political and judicial system here."

Sacha Pfeiffer, *Boston Globe*, 8/21/99

### Starting Anew

We last talked to our son when he called us after 8 years, told us he loved us and that there had been a big void in his life without us. After a lengthy, wonderful conversation with both his dad and me, I asked if we could get together and talk. He said he would pray about it and call us back. That was in July, 1998 and he didn't ever call back. We suspect that someone in his family caused him to change his mind. However, we wouldn't take anything for that phone call—it was wonderful hearing his same, sweet voice and realizing that he really is that same loving son we knew.

We have finally faced the fact that after nine years, we probably will not be seeing our children and grandchildren again. One thing we did find out with the phone call was that all the love for him came right back into play and we weren't filled with bitterness at all. We were just glad to hear his voice and learn what he has been doing.

We have decided to start a new life across the continent. We are excited about our new home and feel that we have much to look forward to. We will always be in touch and in support of the FMSF. We can never thank you enough for all you have done for us over the years.

A Mom



Dear FMSF Friends:

ALLELUIA! An answer to our prayers for the last 8 years, finally came in the form of a phone call from our daughter, on Monday evening of this week. She told her Dad and me that she had made a big mistake in accusing him and that she had finally come to the realization that he had not done anything to her, after all. She told us how sorry she was for making the

accusation in the first place, for taking so long in retracting it and asked for our forgiveness, which we readily gave her.

On Wednesday, she E-mailed us the greeting card that I am forwarding to you. Any of you on Internet, can access it by pointing the arrow or the little hand to the greeting Co.'s address written in blue.

We wanted to share the good news with all of you and thank you for your support, love and prayers. We know that the road ahead will still have some bumps along the way but we are now very hopeful that the trust in our relationship that has been very badly damaged, will someday be fully restored. Please join us in praying that the first steps that have now been taken, will lead us down the road to a full recovery for the entire family.

We will continue to pray for all of you who have yet to reconcile with your lost child/children, as well as continue to support the FMS Foundation and all of you. Never hesitate to call on us for anything, we will be there for you as you have been for us. We really believe in the power of prayers, even though at times, I must admit, we wondered if this day would ever come. PRAISE THE LORD, it has finally come.

A Happy Mom and Dad



### Doubtful Anything Will Happen

Our family's trials continue with no communication whatsoever over the last two years. Even the death of the "Satanic Father (Perpetrator)" two months ago elicited no communication. And at 82 years of age, it's rather doubtful anything is likely to happen before the demise of the remaining spouse, the accuser's mother. It's so sad that such credence is given to such quack "counseling."

Sister-in-law of "victim"



### A Constant Ache

We are getting on with our lives but the pain of separation and unjust accusation is a constant ache barely diminished by time.

A Dad



### With Open Arms

It is with great joy that I write to tell you that after eight and a half years our daughter has returned to us. You and the FMS organization were of enormous help to us during those difficult years. Now we want to share our good news.

Six weeks ago at eight-thirty in the morning our telephone rang. When my husband answered it, our daughter said to him very simply, "Dad, I would like to start over with you and Mom. May I come over?" He answered, "Wonderful. When would you like to come?" She replied, "Right now!"

My husband and I had just sold our family home of 33 years and were in the process of clearing it out and packing up. It had been very much on my mind to try to make contact with our daughter before we moved. I felt it would be a terrible tragedy if some day (and who could predict if or when) she decided to come home and we no longer lived there. I didn't have her address or phone number.

We welcomed her with open arms and sat on our back screened-in porch for the next three hours or more talking. It was amazingly comfortable and serene. It seemed a very natural coming together. I don't think that we really had enough time to get nervous. We did decide before she arrived that we would not ply her with any questions.

We filled her in on some of the family doings, but mostly we just let her talk. She spoke in an almost stream-of-consciousness manner, not giving us a complete recount of what had happened to her, but rather randomly telling us some of her life for the past few years. When I told her that



I had wanted to contact her about the move, she said that she sensed that we were thinking of her. At one point she started to say, "I am really sorry..." but her father interrupted her and said, "We don't go through life looking through a rear view mirror." Then she looked at me and I said, "All's well that ends well."

Early in her account, she mentioned that she had been diagnosed recently as manic depressive and that she was currently on medication that seemed to be very beneficial. Then she made a heartfelt comment, "I only wish I had been diagnosed accurately in the very beginning." AMEN!

This daughter is the third in a large family. We have often felt that her cutting-off was a greater heartbreak for her sisters and brothers than it was for us. Parental love is so unconditional. The reaction of her brothers and sisters to her return has been varied, although all are grateful that she is back. We are all taking it slowly. Some of her siblings have already visited with her; others are not ready yet to do that. There are no plans to try to get everyone together from where they are scattered across the country. We will let each one find his own way in his own time.

Our daughter has brought two of her three children to see us. We learned she has been divorced for more than six years and that her former husband has custody of them. We have now visited with her several times and are in regular contact by e-mail and phone. She told me that she is planning to return to school to complete her degree this fall. We may never know who her therapist was or all the grim details. Somehow it doesn't seem to matter because we are so grateful that she is back and on the road to a healthy and normal life.

We thank the Foundation for the information you supplied and for making it possible for us to develop wonderful friendships with other members.

That is what made it possible for us to survive this ordeal.

A Mom



### Comments on Excerpts from Creating Hysteria

This comment is about an eight-hour therapy session in the September newsletter. I cannot think of any other reason that would warrant such an extended session, other than to meet the needs of the psychotherapist.

Newton Joseph, Ph.D.



### To Stop the Destructive We Must Talk

The following letter appeared in the *Arizona Daily Star* in July 1999. It is reprinted with permission of the author.

Imagine your adult children announce one day, "Our family has been living a lie, we are not a happy family. Instead we are a dysfunctional family. We know now that we were abused. We are working with a support group and a wonderful therapist to rebuild our self-esteem. To establish our own lives free of destructive family patterns, we do not wish to see you or Dad over the holidays. In fact, we do not wish to have anything to do with either of you from now on."

Preposterous! It could never happen to my family. That is what millions of seniors thought until it did happen. The most painful cases involve accusations of satanic ritual abuse or sexual abuse.

The realization that a parent is a villain usually comes about in an addiction treatment program or a self-help support group. Individual therapists sometimes teach that severing all ties is the best way to emotional health.

Whatever the causes, it would be of some comfort to millions of parents to know they are not isolated in their affliction. Ask any large group of seniors about their children, and you

will find a great many of them have become victims of therapy-induced alienation.

We live in the age of therapy, and the destruction of families is one result. If we can talk about it and realize how widespread and destructive a process it is, perhaps we can stop it.

Walter Barnes.



### Corroborate Repression

Why should not the believers in massive repression be encouraged to study those affected by the earthquake in Turkey in order to find some who have totally repressed the traumatic experience.

With 15,000 killed there must be multiples of that number who have both witnessed and experienced terrible trauma. If those who support the notion of massive repression could find at least a few people who had not received a blow to the head and yet lost all memory of what had happened to their loved ones, the researchers could prove once and for all that, at least on one occasion, massive repression occurs.

I have a biased point of view, but I see it as criminal to consider the search for repressed memories as legitimate therapy if we have no concrete proof that such repression occurs—at least occasionally.

Can we somehow challenge the mental health community to take advantage of this grand opportunity to settle the controversy over repression?

A Dad



### What to Do?

Our daughter disowned us (her therapist called it distancing) in 1991. We have had no contact since that time. We were threatened that worse could happen if we made any attempt to communicate.

We would like other parents to respond and tell how they have han-

dled the problem of the death of one of the parents and the notice is printed in the newspaper. Did you just list the survivors as though the accusing daughter no longer exists? If the estranged daughter's name was given, how did you handle the questions about her?

We were both educators and came into contact with many people, not all of them aware of the false accusations. A funeral is distressing enough without explaining a "lost daughter."

Has anyone had a daughter (son) return at the funeral of a parent?

Distressed Parents



### Open Letter to Media

I am a survivor of false memory syndrome, having retracted sexual abuse allegations against my father three years ago; allegations based on "repressed" memories that were "recovered" in psychotherapy. I have published a newsletter for other retractors and try to do what I can to educate and inform others about the potential dangers in certain therapeutic techniques.

Because of my own experiences and because I have learned about the malleability of memory, I was very disappointed to read that your network will be airing yet another program about the questionable multiple personality diagnosis. While the information I read noted that one psychiatrist believes her condition was manufactured in therapy, most of the information fully supported the diagnosis.

There are many well-respected professionals who now question the diagnosis. It is misleading not to portray the extent of the controversy of this diagnosis to your viewers. Many former patients were falsely diagnosed with MPD/DID. They were often asked leading, self-fulfilling questions like "Who is talking now?"

A media that promotes the validity of this diagnosis compounds— and pos-

sibly even causes—the problem. Individuals who become convinced of this diagnosis suffer tremendous pain, as do the people who love them.

Please consider the consequences of relaying information as unchallenged fact, when it is actually highly controversial.

I hope that you will consider a future program that represents the issues fully and fairly.

Donna Anderson



"When I first began to work as a therapist, I naively believed that the past was fixed and knowable; that if I were perspicacious enough, I could discover that first false turn, that fateful trail that has led to a life gone wrong; and that I could act on this discovery to set things right again. In those days I would have deepened [my patient's] hypnotic state, regressed her in age, asked her to explore early traumas—for example, her father's sexual abuse—and urged her to experience and discharge all the attendant feelings, the fear the arousal, the rage, the betrayal.

"But over the years I've learned that the therapist's venture is not to engage the patient in a joint archeological dig. If any patients have ever been helped in that fashion, it wasn't because of the search and the finding of that false trail (a life never goes wrong because of a false trail; it goes wrong because the main trail is false). No, a therapist helps a patient not by sifting through the past but by being lovingly present with that person; by being trustworthy, interested; and by believing that their joint activity will ultimately be redemptive and healing."

Yalom, Irvin D. 1989. *Love's executioner and other tales of psychotherapy*. New York: Basic Books. p. 227

### Attention Mental Health Professionals

Have you had an experience with FMS, either personal or professional, that you would be willing to write about for the FMSF newsletter? If so, please detail your experience in 500-1000 words. Experiences might involve training, working with colleagues, helping retractors or families, dealings with professional organizations, being an accused mental health worker or being a mental health worker who acquired false memories.

The Foundation has made a concerted effort to document the stories of families. We would like to document the experiences of professionals. Be sure to include your name and your profession and send to the FMSF or e-mail: pam@linc.cis.upenn.edu

Dear Anne,

When I described some past incidents to my mother, she dismissed them as products of a "false memory." Since I broke contact with her, my life has improved beyond my wildest dreams.

A Reader

Dear Reader,

Your letter upset me, because I get so many letters from heart-broken parents who believe that counsellors have taken away their children. The fact that you feel good doesn't mean anything. Adultery feels great at first—otherwise nobody would bother with it.

Whatever you blame your mother for, you must surely recognise that she must now be devastated. Real maturity is being able to relate to people without being controlled by them. So please make contact with her as soon as you can.

Anne Atkins, *The Daily Telegraph* (London), June 18, 1999 (selection)

## The Illusive Satanists

Jaye D. Bartha

Last year, at Halloween, I designed a costume and attended Kate's annual party. She decorated her property, starting at the curb, with blinking orange lights, cob webs, and hidden boxes that made unpredictable sounds when I walked by. The house was dark with intrigue. I wondered what scary characters awaited my arrival.

After dark, her neighborhood was full of adults and children in costume. We pretended to be witches or walking trees or scarecrows. We gave ourselves permission to create, fantasize, and play. For one night, we became someone, or something, other than ourselves.

Mystery and intrigue are what make Kate's Halloween parties enticing. Oddly, treatment for Multiple Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID), has similar enticing qualities. For example, once labeled a "multiple," I was often viewed as exotic and mysterious. My thought patterns and subsequent behaviors were intriguing and bewildering to therapists.

Treatment twisted my thinking. I became a devoted student of repressed memory therapy, believing I was raised in a Satanic cult. Therapy helped me "remember" cult meetings with gory smoldering cauldrons of blood, dismembered animals, the screech of tormented women, and the foul smell of burning flesh. The Halloween season, once a time of fun and theatrics, became an annual nightmare referred to as "The Satanic High Holidays." Therapy transformed the play of yesteryear into terror.

The Halloween season became life-threatening. My doctor instructed me to beware of encoded messages sent by Satanists, either by mail or by telephone, programming me to suicide. He said I needed protection from them because I was exposing their cult secrets. I agreed to be hospitalized,

drugged and quarantined.

My doctor's thinking was not logical. In fact, it was pure nonsense. The tricks, illusions, and deceptions of treatment lured me in. What made it impossible to distinguish fact from fancy?

Prior to therapy, I knew nothing about Satanism. While hospitalized, however, I was inundated with information about Satanic cults from my doctor, therapists, nurses, other patients, self-proclaimed "professionals" who survived Satanic abuse, and books. Initially, I was a willing participant in the exchange of information. Later, I was a captive audience and my caretakers' professional opinions quickly flipped my belief system upside-down.

I often proclaimed that my uncovered "memories" were fabrications, but I was ignored. New "memories" weren't as real as those I'd never forgotten; they were dream-like and fuzzy. The idolatrous manner in which I related to my doctor blinded me to the truth regarding my history. I was tricked into believing there was Satanic abuse when, in fact, there wasn't.

The illusive Satanists never surfaced at Halloween. Just the same, my feelings of terror were real. Therapy created panic, insomnia, anorexia, abuse of prescription drugs, gastrointestinal distress and fatigue. My behavior was irrational. I hid under the bed, shrouded myself in blankets, and hugged Leroy, my teddy bear. Unknowingly, I was caught in the web of my doctor's delusions.

Halloween is payday for some therapists and hospitals because clients are often in a heightened emotional state. The fabricated Halloween horrors create chaos; they breed confusion and anxiety. Clients seek comfort and often require extra sessions with therapists while needing more prescription drugs, additional phone contact, and even hospitalization.

I challenge therapists who treat

clients for Satanic abuse to follow their own treatment regime this year. By mid-October, check into a hospital, stay behind locked doors, speak to no one, ingest mass quantities of narcotics, and starve yourselves—then stay awake while watching horror movies night and day.

Since leaving treatment I learned the illusive Satanists, created in therapy, don't exist. Halloween has returned to what it's always been—a day of fun, fantasy, and theater. I'm looking forward to Kate's party.

*Jaye Bartha recently settled a lawsuit she brought against her former therapist who practiced recovered memory therapy.*



**In the new Encarta Dictionary (published by St.Martins, but Encarta is a name owned by Microsoft):**

**FALSE MEMORY SYNDROME:** a situation in which examination, therapy or hypnosis has elicited apparent memories, especially of childhood abuse, that are disputed by family members and are often traumatic to the patient.

## COMING SOON

**Recovered Memories of Child Sexual Abuse: Psychological, Social and Legal Perspectives on a Contemporary Mental Health Controversy**

Editor: Sheila Taub, J.D.

Publisher: Charles C. Thomas

This book contains articles based on talks presented at a conference in the fall of 1997. Authors are: Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S.

**New Web Site of Interest  
British False Memory Society  
[www.bfms.org.uk](http://www.bfms.org.uk)**

Contains information about the false memory problem in England. Don't miss the "Therapist of the Month" section. In September that honor went to Robin Balbernie of the Severn NHS Trust who wrote in *Clinical Child Psychology and Psychiatry*, Vol 4, Issue 2, April 1999

"In this paper I describe an example of projective identification from work with a six-year-old adopted boy where I found myself almost completely unable to function for several sessions.

"A traumatic past experience belonging to my patient, which he could have no conscious knowledge of, had been pushed out of his unconscious to lodge in mine; and then, in turn, I acted out a version of that experience."

**Exploring the Internet**

A web site of interest to FMSF  
Newsletter readers:

<http://www.StopBadTherapy.com> :

**New PTSD Web Page  
[www.forensicptsd.com](http://www.forensicptsd.com)**

This site is run by Gerald Rosen,  
University of Washington

\* \* \*

**New Web Page for the  
Australian False Memory  
Association.  
[www.afma.asn.au](http://www.afma.asn.au)**

\* \* \*

**New Retractor Web Page  
[www.geocities.com/retractors](http://www.geocities.com/retractors)  
This site is run by Laura Pasley**

**Albany, New York Area  
Wednesday, November 3, 1999  
7 pm at Guilderland Library  
Route 20, Western Avenue, Albany**

Speaker

**Joseph deRivera, Ph.D.**

Co-editor of

*Believed-In Imaginings: The  
Narrative Construction of Reality*

Co Sponsored by FMSF families and  
the local Skeptics group (ISUNY)

Program is open to the public at no  
charge

For further information contact  
Elaine at 518-399-5749

[www.geocities.com/Heartland/Poi  
nte/7629/books.html](http://www.geocities.com/Heartland/Pointe/7629/books.html)

**Resource for purchasing books  
about Recovered Memories  
(now part of Amazon.com)**

Our daughter, Robin, is one of the many "missing" children due to false memory. We have just recently gotten her listed on four web sites. Please check out the following web sites and let us know if you have seen her.  
[www.angelfire.com/il2/robinsearch/](http://www.angelfire.com/il2/robinsearch/)  
[www.state.il.us/isp/mai00001.html](http://www.state.il.us/isp/mai00001.html)  
[www.mispers.com/mewes.html](http://www.mispers.com/mewes.html)  
[www.childsearch.com/  
robin\\_mewes.html](http://www.childsearch.com/robin_mewes.html)

**Families and Professionals**

**HOLD THESE DATES**

**April 8, 2000 FMSF Meeting  
Memory and Reality:  
Lessons Learned**

**Professional conference on  
April 7 sponsored by medical  
college may also be of interest.**

***Therapy's Delusions:  
The Myth of the Unconscious  
and the Exploitation of Today's  
Walking Worried.***

Ethan Watters and Richard Ofshe  
Scribner 1999 ISBN 0-684-83584-3  
287 pages \$25.00 hardback

This new book by the authors of  
"Making Monsters" reveals how talk  
therapy has masqueraded as a scientific  
discipline. It is a powerful call for  
reforming the mental health profession.

See:

[www.chordate.com/therapys\\_delu  
sions/index.html](http://www.chordate.com/therapys_delusions/index.html)

**<http://www.FMSFonline.org>  
is the address of the website  
that FMSF is developing.  
All past newsletters are now  
available here.**

(The site now has transcripts of  
many of the therapy session tapes  
presented in evidence at the trial of  
**U.S. A. v Peterson et al.**)

**CORRECTION**

**In the September issue of FMSF  
Newsletter on page 3 the correct  
title of the Newsday article by  
Jamie Talan (5/4/99) should be:  
"The Plural Personalities/  
Memories Debate"**

**To order: MAKING OF AN ILLNESS  
by Gail Macdonald  
Contact: Laurentian U Press, Canada  
935 Ramsey Lake Road  
Sudbury, ON, P3E 2C6  
Phone: (705) 675-1151  
ISBN # 0-88667-045-4**

**ESTATE PLANNING**

If you have questions about how to  
include the FMSF in your estate  
planning, contact Charles Caviness  
800-289-9060. (Available 9:00 AM  
to 5:00 PM Pacific time.)

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## ALASKA

Kathleen (907) 337-7821

## ARIZONA

Barbara (602) 924-0975;  
(602) 854-0404 (fax)

## ARKANSAS

Little Rock

Al & Lela (870) 363-4368

## CALIFORNIA

Sacramento

Joanne & Gerald (916) 933-3655

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or  
Charles (415) 984-6626(am);  
(415) 435-9618(pm)

East Bay Area

Judy (925) 376-8221

South Bay Area

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

Covina Area - 1st Mon. (quarterly) @7:30pm

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

## COLORADO

Colorado Springs

Doris (719) 488-9738

## CONNECTICUT

S. New England -

Earl (203) 329-8365 or  
Paul (203) 458-9173

## FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (561) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

## GEORGIA

Atlanta

Wallie & Jill (770) 971-8917

## HAWAII

Carolyn (808) 261-5716

## ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or

Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

## INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839

Pat (219) 489-9987

## IOWA

Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

## KANSAS

Wichita - Meeting as called

Pat (785) 738-4840

## KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob (502) 367-1838

## MAINE

Bangor

Irvine & Arlene (207) 942-8473

Rumbold -

Carolyn (207) 364-8891

Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

## MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

## MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

## MINNESOTA

Terry & Colette (507) 642-3630

Dan & Joan (651) 631-2247

## MISSOURI

Kansas City - Meeting as called

Pat (785)-738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

Springfield - 4th Sat. (MO) @12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

## MONTANA

Lee & Avona (406) 443-3189

## NEW JERSEY (SO.)

See Wayne, PA

## NEW MEXICO

Albuquerque - 2nd Sat. (MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

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Westchester, Rockland, etc.

Barbara (914) 761-3627

Upstate/Albany Area

Elaine (518) 399-5749

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Susan (704) 538-7202

## OHIO

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Bob (513) 541-0816 or (513) 541-5272

Cleveland

Bob & Carole (440) 356-4544

## OKLAHOMA

Oklahoma City

Dee (405) 942-0531 or

HJ (405) 755-3816

Tulsa

Jim (918) 582-7363

## OREGON

Portland

John (503) 297-7719

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Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5509

Montrose

John (570) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

## TENNESSEE

Nashville - Wed. (MO) @1pm  
Kate (615) 665-1160

## TEXAS

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Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

## UTAH

Keith (801) 467-0669

## VERMONT

Judith (802) 229-5154

## VIRGINIA

Sue (703) 273-2343

## WASHINGTON

See Oregon

## WISCONSIN

Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

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Vancouver & Mainland

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

## ONTARIO, CANADA

London -2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

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## NEW ZEALAND

Colleen (09) 416-7443

## SWEDEN

Ake Moller FAX (48) 431-217-90

## UNITED KINGDOM

The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the DECEMBER Newsletter is OCTOBER 20. Meeting notices MUST be in writing and should be sent no later than two months prior to the meeting.



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ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

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October 1, 1999

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**Do you have access to e-mail?** Send a message to  
pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 8 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1999 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35, Student \$20 (in U.S. dollars); Foreign: 1 year \$40, Student \$20. (Identification required for student rates.)

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